



**HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2005  
OF THE CONDITION AND AFFAIRS OF THE**

**Fidelis SecureCare of Michigan Inc.**

NAIC Group Code 3744 (Current Period) NAIC Company Code 10769 (Prior Period) Employer's ID Number 30-0312489

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ]  
 Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [ X ]  
 Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005

Statutory Home Office 38777 West Six Mile Road, Suite 207, Livonia, MI 48152  
 (Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1700 East Golf Road, Suite 1115  
 (Street and Number)  
Schaumburg, IL 60173 847-605-0501  
 (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1700 East Golf Road, Suite 1115, Schaumburg, IL 60173  
 (Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1700 East Golf Road, Suite 1115  
 (Street and Number)  
Schaumburg, IL 60173 847-605-0501-103  
 (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.fidelissc.com

Statutory Statement Contact Tim Duffy Mr. 847-605-0501-103  
 (Name) (Area Code) (Telephone Number) (Extension)  
tim.duffy@fidelissc.com 847-517-1085  
 (E-mail Address) (FAX Number)

Policyowner Relations Contact 38777 West Six Mile Road, Suite 207  
 (Street and Number)  
Livonia, MI 48152 734-779-1681  
 (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

**OFFICERS**

Name	Title	Name	Title
<u>Robert Abrams</u>	<u>President</u>	<u>Samuel Willcoxon</u>	<u>Secretary</u>
<u>David Goltz #</u>	<u>Treasurer</u>		

**OTHER OFFICERS**

**DIRECTORS OR TRUSTEES**

<u>Jerome Wilborn</u>	<u>Samuel Willcoxon</u>	<u>Robert Abrams</u>	<u>David Goltz #</u>
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State of .....

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County of .....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>David Goltz</u> Treasurer	<u>Samuel Willcoxon</u> Secretary	<u>Robert Abrams</u> President
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [ X ] No [ ]
_____		b. If no,
_____		1. State the amendment number _____
_____		2. Date filed _____
_____		3. Number of pages attached _____





**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Claims Unpaid (Reported)</b>						
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0199999 Individually listed claims unpaid.....	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals	0	0	0	0	0	0
0599999 Unreported claims and other claim reserves						722,474
0699999 Total amounts withheld						
0799999 Total claims unpaid						722,474
0899999 Accrued medical incentive pool and bonus amounts						0

722,474 includes \$150,000 of anticipated expenses that will be reimbursed by our Reinsurance underwriter. Our uncovered medical expense is 572,474.



**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Fidelis SeniorCare Inc.....	Administrative Service Fee Expense.....	47,496	47,496	0
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
0199999 Individually listed payables.....		47,496	47,496	0
0299999 Payables not individually listed		0		
0399999 Total gross payables		47,496	47,496	0

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	67,197	38.5	192	100.0		67,197
2. Intermediaries .....	0	0.0	0	0.0		
3. All other providers .....	0	0.0	0	0.0		
4. Total capitation payments .....	67,197	38.5	192	100.0	0	67,197
Other Payments:						
5. Fee-for-service .....	13,413	7.7	XXX	XXX		13,413
6. Contractual fee payments .....	94,053	53.8	XXX	XXX		94,053
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	107,466	61.5	XXX	XXX	0	107,466
13. TOTAL (Line 4 plus Line 12)	174,663	100 %	XXX	XXX	0	174,663

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
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**EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total		0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	3744	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2005									(LOCATION)	
				NAIC Company Code		10769								
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other	
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior Year .....	.0													
2. First Quarter .....	.0							.0						
3. Second Quarter .....	.0							.0						
4. Third Quarter .....	.47							.47						
5. Current Year	192							192						
6. Current Year Member Months	526							526						
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	.0							.0						
8. Non-Physician .....	0							0						
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	603							603						
11. Number of Inpatient Admissions	48							48						
12. Health Premiums Written .....	828,748							828,748						
13. Life Premiums Direct .....	.0							.0						
14. Property/Casualty Premiums Written .....	.0							.0						
15. Health Premiums Earned .....	828,748							828,748						
16. Property/Casualty Premiums Earned .....	.0							.0						
17. Amount Paid for Provision of Health Care Services .....	174,663							174,663						
18. Amount Incurred for Provision of Health Care Services	897,137							897,137						

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	3744	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2005									(LOCATION)	
				NAIC Company Code		10769								
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other	
		2 Individual	3 Group											
<b>Total Members at end of:</b>														
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	47	0	0	0	0	0	0	47	0	0	0	0	0	
5. Current Year	192	0	0	0	0	0	0	192	0	0	0	0	0	
6. Current Year Member Months	526	0	0	0	0	0	0	526	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	603	0	0	0	0	0	0	603	0	0	0	0	0	
11. Number of Inpatient Admissions	48	0	0	0	0	0	0	48	0	0	0	0	0	
12. Health Premiums Written .....	828,748	0	0	0	0	0	0	828,748	0	0	0	0	0	
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned .....	828,748	0	0	0	0	0	0	828,748	0	0	0	0	0	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	174,663	0	0	0	0	0	0	174,663	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	897,137	0	0	0	0	0	0	897,137	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	.0
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11 .....	.0
2.2 Totals, Part 3, Column 7 .....	.0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net acquisitions and permanent improvements (Column 9) .....	.0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	.0
4.2 Totals, Part 3, Column 9 .....	.0
5. Total profit (loss) on sales, Part 3, Column 14 .....	.0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	.0
6.2 Totals, Part 3, Column 8 .....	.0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13 .....	.0
8. Book/adjusted carrying value at end of current period .....	.0
9. Total valuation allowance .....	.0
10. Subtotal (Lines 8 plus 9) .....	.0
11. Total nonadmitted amounts .....	.0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	.0

**NONE**

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	.0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions .....	.0
2.2 Additional investment made after acquisitions .....	.0
3. Accrual of discount and mortgage interest points and commitment fees .....	.0
4. Increase (decrease) by adjustment .....	.0
5. Total profit (loss) on sale .....	.0
6. Amounts paid on account or in full during the year .....	.0
7. Amortization of premium .....	.0
8. Increase (decrease) by foreign exchange adjustment .....	.0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	.0
10. Total valuation allowance .....	.0
11. Subtotal (Lines 9 plus 10) .....	.0
12. Total nonadmitted amounts .....	.0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	.0

**NONE**

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	.0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions .....	.0
2.2 Additional investment made after acquisitions .....	.0
3. Accrual of discount .....	.0
4. Increase (decrease) by adjustment .....	.0
5. Total profit (loss) on sale .....	.0
6. Amounts paid on account or in full during the year .....	.0
7. Amortization of premium .....	.0
8. Increase (decrease) by foreign exchange adjustment .....	.0
9. Book/adjusted carrying value of long-term invested assets at end of current period .....	.0
10. Total valuation allowance .....	.0
11. Subtotal (Lines 9 plus 10) .....	.0
12. Total nonadmitted amounts .....	.0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	.0

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1 .....		517,763				517,763	100.0	0	0.0	517,763	
1.2 Class 2 .....						0	0.0	0	0.0		
1.3 Class 3 .....						0	0.0	0	0.0		
1.4 Class 4 .....						0	0.0	0	0.0		
1.5 Class 5 .....						0	0.0	0	0.0		
1.6 Class 6 .....						0	0.0	0	0.0		
1.7 Totals	0	517,763	0	0	0	517,763	100.0	0	0.0	517,763	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1 .....						0	0.0	0	0.0		
2.2 Class 2 .....						0	0.0	0	0.0		
2.3 Class 3 .....						0	0.0	0	0.0		
2.4 Class 4 .....						0	0.0	0	0.0		
2.5 Class 5 .....						0	0.0	0	0.0		
2.6 Class 6 .....						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories and Possessions etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1 .....						0	0.0	0	0.0		
3.2 Class 2 .....						0	0.0	0	0.0		
3.3 Class 3 .....						0	0.0	0	0.0		
3.4 Class 4 .....						0	0.0	0	0.0		
3.5 Class 5 .....						0	0.0	0	0.0		
3.6 Class 6 .....						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1 .....						0	0.0	0	0.0		
4.2 Class 2 .....						0	0.0	0	0.0		
4.3 Class 3 .....						0	0.0	0	0.0		
4.4 Class 4 .....						0	0.0	0	0.0		
4.5 Class 5 .....						0	0.0	0	0.0		
4.6 Class 6 .....						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1 .....						0	0.0	0	0.0		
5.2 Class 2 .....						0	0.0	0	0.0		
5.3 Class 3 .....						0	0.0	0	0.0		
5.4 Class 4 .....						0	0.0	0	0.0		
5.5 Class 5 .....						0	0.0	0	0.0		
5.6 Class 6 .....						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1 .....						.0	.0.0	.0	.0.0		
6.2 Class 2 .....						.0	.0.0	.0	.0.0		
6.3 Class 3 .....						.0	.0.0	.0	.0.0		
6.4 Class 4 .....						.0	.0.0	.0	.0.0		
6.5 Class 5 .....						.0	.0.0	.0	.0.0		
6.6 Class 6 .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1 .....						.0	.0.0	.0	.0.0		
7.2 Class 2 .....						.0	.0.0	.0	.0.0		
7.3 Class 3 .....						.0	.0.0	.0	.0.0		
7.4 Class 4 .....						.0	.0.0	.0	.0.0		
7.5 Class 5 .....						.0	.0.0	.0	.0.0		
7.6 Class 6 .....						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1 .....						.0	.0.0	.0	.0.0		
8.2 Class 2 .....						.0	.0.0	.0	.0.0		
8.3 Class 3 .....						.0	.0.0	.0	.0.0		
8.4 Class 4 .....						.0	.0.0	.0	.0.0		
8.5 Class 5 .....						.0	.0.0	.0	.0.0		
8.6 Class 6 .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1 .....						.0	.0.0	.0	.0.0		
9.2 Class 2 .....						.0	.0.0	.0	.0.0		
9.3 Class 3 .....						.0	.0.0	.0	.0.0		
9.4 Class 4 .....						.0	.0.0	.0	.0.0		
9.5 Class 5 .....						.0	.0.0	.0	.0.0		
9.6 Class 6 .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1	.0	517,763	.0	.0	.0	517,763	100.0	XXX	XXX	517,763	.0
10.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	.0	517,763	.0	.0	.0	517,763	100.0	XXX	XXX	517,763	.0
10.8 Line 10.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.2 Class 2	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1		517,763				517,763	100.0	.0	0.0	517,763	XXX
12.2 Class 2						.0	0.0	.0	0.0	.0	XXX
12.3 Class 3						.0	0.0	.0	0.0	.0	XXX
12.4 Class 4						.0	0.0	.0	0.0	.0	XXX
12.5 Class 5						.0	0.0	.0	0.0	.0	XXX
12.6 Class 6						.0	0.0	.0	0.0	.0	XXX
12.7 Totals	.0	517,763	.0	.0	.0	517,763	100.0	.0	0.0	517,763	XXX
12.8 Line 12.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1						.0	0.0	.0	0.0	XXX	.0
13.2 Class 2						.0	0.0	.0	0.0	XXX	.0
13.3 Class 3						.0	0.0	.0	0.0	XXX	.0
13.4 Class 4						.0	0.0	.0	0.0	XXX	.0
13.5 Class 5						.0	0.0	.0	0.0	XXX	.0
13.6 Class 6						.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... , current year, \$ ..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
 (c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... , current year, \$ ..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues**

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations .....		517,763				517,763	100.0	.0	.0	517,763	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
1.7 Totals .....	0	517,763	0	0	0	517,763	100.0	0	0.0	517,763	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations .....						.0	.0	.0	.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....						.0	.0	.0	.0		
2.3 Defined .....						.0	.0	.0	.0		
2.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....						.0	.0	.0	.0		
2.5 Defined .....						.0	.0	.0	.0		
2.6 Other .....						0	0.0	0	0.0		
2.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations .....						.0	.0	.0	.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....						.0	.0	.0	.0		
3.3 Defined .....						.0	.0	.0	.0		
3.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....						.0	.0	.0	.0		
3.5 Defined .....						.0	.0	.0	.0		
3.6 Other .....						0	0.0	0	0.0		
3.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations .....						.0	.0	.0	.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....						.0	.0	.0	.0		
4.3 Defined .....						.0	.0	.0	.0		
4.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....						.0	.0	.0	.0		
4.5 Defined .....						.0	.0	.0	.0		
4.6 Other .....						0	0.0	0	0.0		
4.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations .....						.0	.0	.0	.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						.0	.0	.0	.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....						.0	.0	.0	.0		
5.3 Defined .....						.0	.0	.0	.0		
5.4 Other .....						.0	.0	.0	.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....						.0	.0	.0	.0		
5.5 Defined .....						.0	.0	.0	.0		
5.6 Other .....						0	0.0	0	0.0		
5.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....						.0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES .....											
6.3 Defined .....						.0	.0.0	.0	.0.0		
6.4 Other .....						.0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES .....											
6.5 Defined .....						.0	.0.0	.0	.0.0		
6.6 Other .....						.0	.0.0	.0	.0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....						.0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES .....											
7.3 Defined .....						.0	.0.0	.0	.0.0		
7.4 Other .....						.0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES .....											
7.5 Defined .....						.0	.0.0	.0	.0.0		
7.6 Other .....						.0	.0.0	.0	.0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....						.0	.0.0	.0	.0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....						.0	.0.0	.0	.0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES .....											
9.3 Defined .....						.0	.0.0	.0	.0.0		
9.4 Other .....						.0	.0.0	.0	.0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES .....											
9.5 Defined .....						.0	.0.0	.0	.0.0		
9.6 Other .....						.0	.0.0	.0	.0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations	0	517,763	0	0	0	517,763	100.0	XXX	XXX	517,763	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	0	517,763	0	0	0	517,763	100.0	XXX	XXX	517,763	0
10.8 Line 10.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations		517,763				517,763	100.0	0	0.0	517,763	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0	0	XXX
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0	0	0.0	0	XXX
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	0	517,763	0	0	0	517,763	100.0	0	0.0	517,763	XXX
12.8 Line 12.7 as a % of Col. 6	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	0.0	100.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0	XXX	0
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0	0	0.0	XXX	0
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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Schedule DA - Part 2

**NONE**

Schedule DB - Part A - VBY

**NONE**

Schedule DB - Part B - VBY

**NONE**

Schedule DB - Part C - VBY

**NONE**

Schedule DB - Part D - VBY

**NONE**

Schedule DB - Part E - VBY

**NONE**

Schedule DB - Part F - Section 1

**NONE**

Schedule DB - Part F - Section 2

**NONE**

Schedule S - Part 1 - Section 2

**NONE**



**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
21970	23-1502700	09/01/2005	One Beacon	PA	SSL/1/A	14,101	0	150,000	0	0	0	0
0299999 - Total - Non-Affiliates						14,101		150,000				
0399999 Totals						14,101		150,000				

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE S - PART 4**

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5+6+7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
<b>NONE</b>													
1199999 Totals													

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**Schedule S-Part 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)**

	1 2005	2 2004	3 2003	4 2002	5 2001
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	14	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	150	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....	150	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE S-PART 6**

**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10) .....	1,938,885		1,938,885
2. Accident and health premiums due and unpaid (Line 13).....	160,092		160,092
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	150,000	150,000
5. All other admitted assets (Balance).....	111,958		111,958
6. Total assets (Line 26)	2,210,935	150,000	2,360,935
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	572,474	150,000	722,474
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	51,105		51,105
12. Total liabilities (Line 22).....	623,579	150,000	773,579
13. Total capital and surplus (Line 31).....	1,587,356	XXX	1,587,356
14. Total liabilities, capital and surplus (Line 32)	2,210,935	150,000	2,360,935
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid.....	150,000		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	0		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....	150,000		
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payable/offsets .....	0		
25. Total net credit for ceded reinsurance	150,000		

**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12288	20-2214150	Fidelis SecureCare of North Carolina Inc.	0	3,500,000	0	0	0	0		0	3,500,000	
12286	20-2077037	Fidelis SecureCare of Colorado Inc.	0	1,500,000	0	0	0	0		0	1,500,000	
10769	30-0312489	Fidelis SecureCare of Michigan Inc.	0	1,600,000	0	0	(116,025)	0		0	1,483,975	
3744	16-1719046	Fidelis SeniorCare Inc.	0	(6,600,000)	0	0	116,025	0		0	(6,483,975)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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**ANNUAL STATEMENT FOR THE YEAR 2005 OF THE  
Fidelis SecureCare of Michigan Inc.**

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

**Responses**

- |   |               |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the Risk-based Capital Report be filed with the NAIC by March 1?                      | .....YES..... |
| 4. Will the Risk-based Capital be filed with the state of domicile, if required by March 1?   | .....YES..... |

**APRIL FILING**

- |   |               |
|---|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? | .....YES..... |
| 6. Will the Investment Risks Interrogatories be filed by April 1? | .....YES..... |

**JUNE FILING**

- |   |               |
|---|---------------|
| 7. Will an audited financial report be filed by June 1? | .....YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |   |                           |
|---|---------------------------|
| 8. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | .....NO.....              |
| 9. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?                          | .....NO.....              |
| 10. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?            | .....NO.....              |
| 11. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?            | .....SEE EXPLANATION..... |

**APRIL FILING**

- |  |              |
|--|--------------|
| 12. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?         | .....NO..... |
| 13. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?              | .....NO..... |
| 14. Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC? | .....NO..... |

**EXPLANATION:**

- 8.
- 9.
- 10.
11. WE HAVE LESS THAN 100 SHAREHOLDERS
- 12.
- 13.
- 14.

**BAR CODE:**

- |     |  |
|-----|--|
| 8.  | <br>1 0 7 6 9 2 0 0 5 3 6 0 5 8 0 0 0 |
| 9.  | <br>1 0 7 6 9 2 0 0 5 2 0 5 0 0 0 0 0 |
| 10. | <br>1 0 7 6 9 2 0 0 5 2 0 7 0 0 0 0 0 |
| 12. | <br>1 0 7 6 9 2 0 0 5 3 3 0 5 8 0 0 0 |
| 13. | <br>1 0 7 6 9 2 0 0 5 2 1 1 5 8 0 0 0 |
| 14. | <br>1 0 7 6 9 2 0 0 5 2 1 3 0 0 0 0 0 |

**OVERFLOW PAGE FOR WRITE-INS**

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